Name in Full — Certificate of Death

Mrs. Lizzie Adams

Died at Town: Colvert — County: Cecil — MARYLAND

Date 1894 — Month: 9. — Day: 11 — Age: Y. 48. M. 6. D. — Native of — Occupation: Nurse

Male ~~Male~~ — White — Married — ~~Widow~~ — Divorced

Female — ~~Colored~~ — ~~Single~~ — ~~Widowed~~ — Number of children living 3

Husband / Wife of John Davis

Father's Name — Mother's Name — 92

Cause of Death — Primary: Chronic Inanition of Senes — How long sick: 3 mo

Immediate: Exhaustion.

Reported by Geo S Dayr

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise ~~by coroner~~, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. Sarah S. Brown

Died ~~at~~ near Town Rising Sun County Cecil MARYLAND

Date 189 9 Month 9 Day 27 | Age Y. 81 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Hiram Brown

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Co. News 10-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Elsie Belle Carroll

Certificate of Death

Died at Town Pilot County Cecil MARYLAND

Date 1899 Month Sep. Day 11 Age Y. 1 M. 5 D. 9 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Landon Carroll Mother's Name Mary Carroll

Cause of Death Primary Cholera Infantum How long sick 7 days

Immediate Same 82 ~~Accident, Suicide, Homicide~~

Reported by Geo. W. Gillespie M. D.

Address Pleasant Grove Lan. Co. Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William Dawson Certificate of Death Almshouse

Died at Town Almshouse County Cecil MARYLAND

Date 1899 Month Day Sep 25 Age Y. M. D. 65 Native of Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Inflammation 87 How long sick

Immediate of bowels ~~Accident, Suicide, Homicide~~

Reported by B Bennett

Address McEwen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Donelly Almshouse

Certificate of Death

Died at Town County Cecil MARYLAND

Date 189 9 Month Sept Day 12 Age Y. About M. 56 D. Native of Ireland Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 57

Immediate Heart

How long sick

Accident, Suicide, Homicide

Reported by B Heuse Supt

Address N. East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Francis M Fowler

Certificate of Death

Died at Town Bay View County Lucie MARYLAND

Date 1899 Month Sept Day 29 Age Y. M. D. 2 mo Native of Md Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joshua P Fowler

Mother's Name Mary C Fowler

Cause of Death Primary Entero Colitis

Immediate Spasms

How long sick 10 days

Accident, Suicide, Homicide

82

Reported by Dr Gifford

Address Bow Lucie Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elizabeth A. Hohn

Certificate of Death

Died at Town Port Deposit County Cecil MARYLAND

Date 1899 Month Sept. Day 1 Age Y. 34 M. 6 D. 5 Native of Cecil Co Occupation Seamstress

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Emil Hohn

Mother's Name Melvina E. Hohn

Cause of Death Primary Pulmonary Tuberculosis

Immediate Exhaustion 22a

How long sick 2 years

~~Accident, Suicide, Homicide~~

Reported by S. G. Fisher M.D.

Address Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Rebecca N Hopkins

Died at Town: Rowlandsville County: Cecil MARYLAND

Date 1899 Month: 9 Day: 13 Age Y.: 49 M.: 2 D.: 10 Native of: US Occupation: housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of William Hopkins

Father's Name | Mother's Name

Cause of Death: Primary Erysipelas 125 | How long sick 10 months

Immediate | Accident, Suicide, Homicide

Reported by S B Gosh Undertaker

Address Colora Md

Pod No Doctor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Edith Harlen

Died at Town N. Elm County Cecil MARYLAND

Date 1899 Month Sept. Day 1 Age Y. 7 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William Harlen

Mother's Name Lily Loyd

Cause of Death Primary Whooping Cough 7

Immediate Convulsions

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by B Hawkins

Address N. Elm

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Jno H Kirkwood

Certificate of Death

Died at — Town: Theodore — County: Cecil — MARYLAND

Date 1899 — Month: 9 — Day: 28 — Age: Y. 61 M. 0 D. 21 — Native of: Delaware — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced

Number of children living: 6

Husband / Wife of: Annie McNamee

Father's Name: Wm Kirkwood — Mother's Name: Letitia McNamee

Cause of Death — Primary: Angina Pectoris — How long sick: 1 hour

Immediate: " " 58 — Accident, ~~Suicide~~, Homicide

Reported by: J S Brown M D

Address: Woodlawn Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Longs

Died at Charlestown (Town) Cecil (County) MARYLAND

Date 189 9 (Month) 9 (Day) 8) | Age 6-0 (Y. M. D.) | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

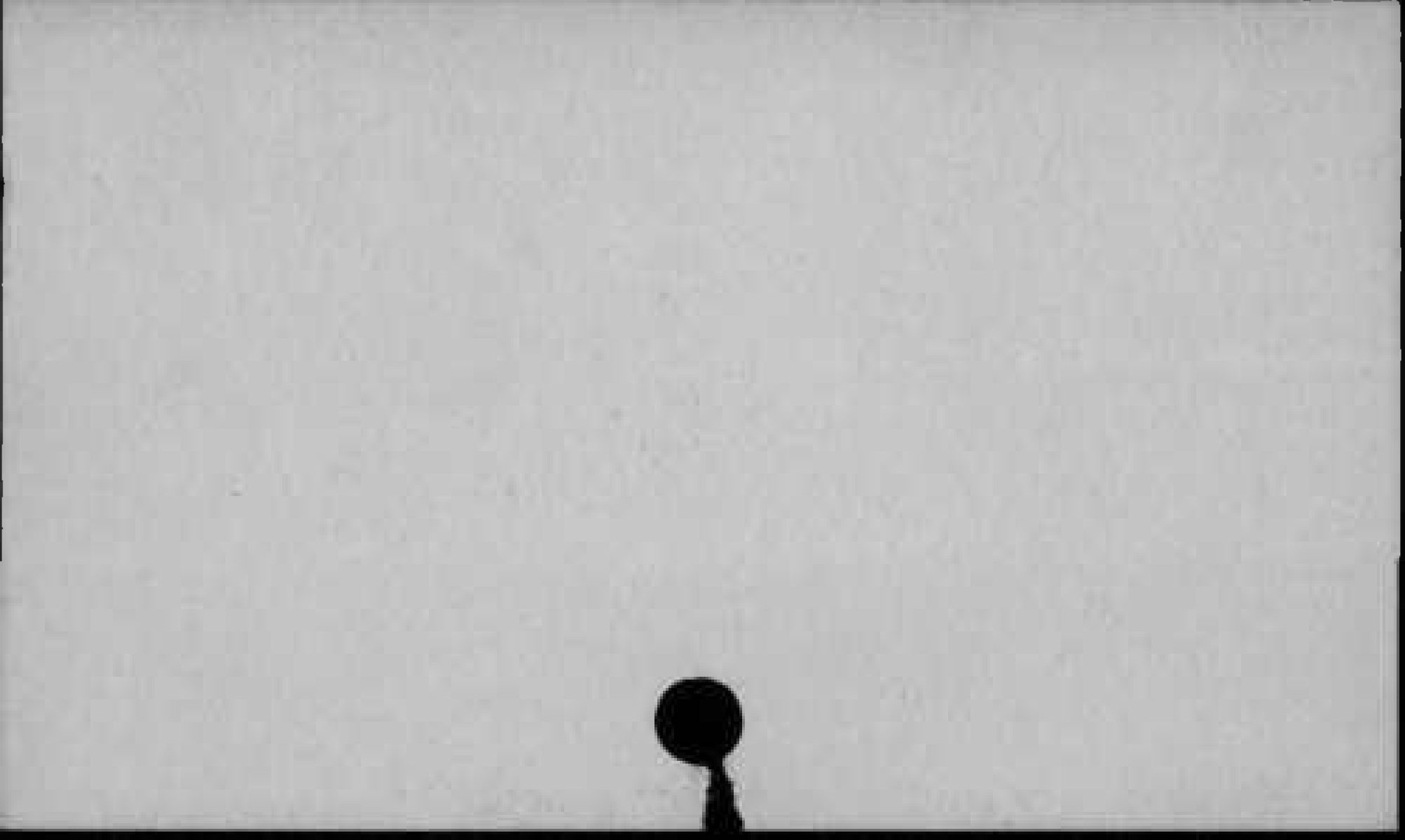
Accident, Suicide, Homicide

Reported by Cecil Co. News 10-4

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 7099S



Name in Full Irvin Manlove

Certificate of Death

Died at Town Cecilton County Cecil MARYLAND

Date 189 Month 9 Day 16 Age Y. 2 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Fever | How long sick 3 weeks

Immediate

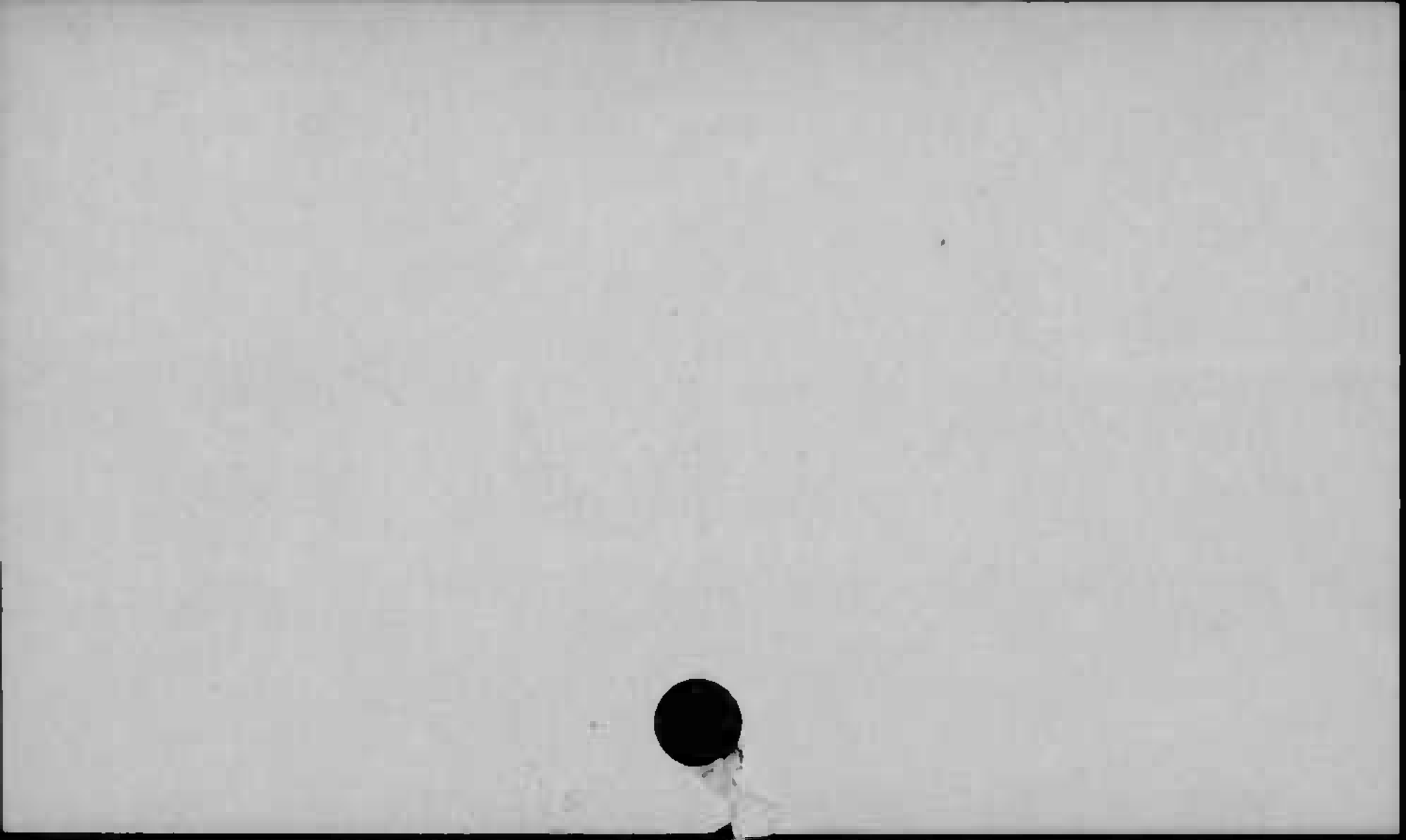
Accident, Suicide, Homicide

Reported by Cecil Phy 9-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Albert B. Meredith

Certificate of Death

Died at Elkton (Town) Cecil (County) MARYLAND

Date 1899 Month Sept. Day 8th | Age Y. 9 M. 2 D. 29 | Native of Cecil Co. | Occupation School Boy

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name Joseph H. Meredith

Mother's Name Maggie Meredith

Cause of Death: Primary 148

How long sick

Immediate Drowning

Accident, ~~Suicide, Homicide~~

Reported by Wm H. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6606B

Name in Full Mitchell

Certificate of Death

Died at Town N. Ent County Cecil MARYLAND

Date 189 9 Month Sept Day 29 | Age Y. M. D. 21 | Native of Cecil | Occupation [illegible]

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single — Widower ~~Number of children living~~

Husband of Wife Emanuel Mitchell

Father's Name Mother's Name Martha Mitchell

Cause of Death { Primary Whooping Cough How long sick ~~[illegible]~~ one week

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by B Hennecke

Address N. Ent

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

John William Perkins, Jr.

Died at — Town: Elkton, County: Cecil County — MARYLAND

Date 1899 — Month: Sept. Day: 3rd — Age: Y. 11 M. 6 D. — Native of: Md. — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of — 32

Father's Name: J. Will Perkins — Mother's Name: S. E. H. Perkins

Cause of Death — Primary: Progressive Pernicious Anaemia — How long sick: Two months

Immediate: — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. P. Hinchliffe, M.D.

Address: Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Charles C. Ray — Certificate of Death

Died at North East (Town) Cecil (County) MARYLAND

Date 1899 Month Sept. Day 13 | Age Y. 2 M. — D. — | Native of U. S. | Occupation —

Male ~~Female~~ | ~~Wife~~ | Colored | ~~Married~~ Single | ~~Widow~~ | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of Charles Ray

Father's Name Chas. Ray | Mother's Name Stella Ray

Cause of Death — Primary Pneumonia 72 — How long sick 2 weeks

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Theo. A. Worrall M.D.

Address North East Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 53963

Name in Full

Miss Eunice Reed

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 0 | Month 9 | Day 21 | Age Y 16 M. D. | Native of | Occupation

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | Divorced / ~~Number of children living~~

Husband of Wife

Father's Name 1

Mother's Name Mrs Jane Reed

Cause of Death: Primary — Hybrid fever

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Co. Dept

Address 9-27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full

Certificate of Death

Mrs. Gertrude Kennedy Strahorn

Town

County

Died at near Fair Hill Cecil MARYLAND

Date 1899 Month 9 Day 12 | Age Y. 55 M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ of Albert Strahorn

Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Whig

Address 9-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Robt F. Suder

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month Sept Day 30 | Age Y. - M. 2 D. 5 | Native of U > a | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Frank Suder

Mother's Name Martha Pugh

Cause of Death: Primary Inanition 1380 | How long sick during life

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Jno. W. Cooper Jr

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

George Thomas

Dled at Town Elkton County Cecil MARYLAND

Date 1899 Month Sept Day 20 | Age Y. M. D. | Native of | Occupation

Mele ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name George Ivory ~~Mother's Name~~ Catharine Thomas

Cause of Death: Primary Rt Tuberculosis 22a | How long sick

Immediate Hemorrhage | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. John H. Tamar.

of Elkton Md

Seen by Coroner

of

Information contained in this certificate

obtained from Balthazar Thomas

of Elkton

Name in Full

Certificate of Death

Joseph W. Trimble

Town

County

Died at 5th Dist. near Bay View Cecil MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 9 Sept. 11 | Age

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Wm. Trimble

Mother's Name

Cause of Death { Primary Typhoid fever 1 | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by Cecil Whig

Address 9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Joseph Trimby

Died at Town Near Bayview County Cecil MARYLAND

Date 189 8 Month Lyon Day 11 Age Y. 19 M. D. Native of Cecil Occupation farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name William Trimby

Mother's Name

Cause of Death Primary Lyphoid

Immediate Perforation

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by B Hunterdon

Address N. Ea

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs Amanda Payson Vansant

Died at Town: Sylmar County: Cecil — MARYLAND

Date 1899 Month: 9 Day: 1 | Age Y. 48 M. — D. — | Native of: Del | Occupation: Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of Jas Vansant

Father's Name — Mother's Name — 57

Cause of Death: Primary Mitral insufficiency | How long sick 1 yr

Immediate Uremia | Accident, Suicide, Homicide

Reported by Geo S Dam

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Sarah A. Wharton

Died at North East (Town) Cecil (County) MARYLAND

Date 1899 — Month 9 Day 20 — Age Y. 74 M. D. — Native of — Occupation Housewife

~~Male~~ Female — White — Married — Widow — Divorced

~~Colored~~ ~~Single~~ ~~Widowed~~ — Number of children living Three

Husband / Wife of Wm. P. T. Wharton

Father's Name John Boyer — Mother's Name —

Cause of Death — Primary Heart disease 5-7 — How long sick 2 yrs.

Immediate — Accident, Suicide, Homicide

Reported by Theo A Worrall

Address North East Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Virginia Wilson

Certificate of Death

Died at Port Serposit (Town) County Cecil MARYLAND

Date 1899 Sept (Month) 29 (Day) Age Y. 49 M. 7 D. 15 Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living B

~~Husband~~ Wife of David George Wilson

Father's Name William Wilson Mother's Name Sarah Shin

Cause of Death Primary Cancer of Bowels. How long sick 2½ yrs

Immediate Exhaustion 25c ~~Accident, Suicide, Homicide~~

Reported by H E Chancon

Address Port Serposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968